



APPLICATION



Name _____

Phone Number _____

Address _____

Alternate Phone Number. _____

City _____ State _____ Zip _____

Birth Date _____

Are you a current resident of Washington State?

☐ Yes

☐ No

Are you legally entitled to work in the United States?

☐ Yes

☐ No

(Proof of citizenship, visa or alien registration may be required upon enrollment)

Have you previously applied for/participated in the WCC or AmeriCorps

☐ Yes

☐ No

If yes, when and where? _____

Are you currently employed?

☐ Yes

☐ No

How many hours per week? _____

If yes, please explain the type of work you have been doing: _____

Have you been convicted of a misdemeanor or felony within the last seven years which might unfavorably affect your fitness for this job?

☐ Yes

☐ No

Education

High school graduate or general education development (GED) test passed?

☐ Yes

☐ No

Date _____ If no, circle the highest grad completed: 1 2 3 4 5 6 7 8 9 10 11 12

Post - high school training (*College, Business or Technical School, Military, etc. Please include major subjects taken.*)

Degree _____

Degree _____

Affirmative Action Program

In order to ensure equal employment opportunity, the state of Washington, as part of its Affirmative Action Program, requests your *voluntary* cooperation by indicating the following. Your answers will be treated as confidential.

Race/Ethnic Origin _____

Sex:

☐ Female

☐ Male

Do you have any disabilities or health problems which may affect work performance or which should be considered in job placement? ☐ Yes ☐ No

If yes, please explain your limitations: _____

Work History *(Please include last job first).*

| | | | | |
|---|--------------|--|--------------|-----------|
| Employer: | | Start and End Dates From _____ To _____ | Hrs Per Week | Last Wage |
| Title: | Phone Number | Reason for Leaving | | |
| Duties include: _____ _____ _____ | | | | |

| | | | | |
|---|--------------|--|--------------|-----------|
| Employer: | | Start and End Dates From _____ To _____ | Hrs Per Week | Last Wage |
| Title: | Phone Number | Reason for Leaving | | |
| Duties include: _____ _____ _____ | | | | |

| | | | | |
|---|--------------|--|--------------|-----------|
| Employer: | | Start and End Dates From _____ To _____ | Hrs Per Week | Last Wage |
| Title: | Phone Number | Reason for Leaving | | |
| Duties include: _____ _____ _____ | | | | |

Please read the following statement and sign below

I certify that all information I have given is true and correct to the best of my knowledge. I understand that incorrect statements constitute grounds for immediate dismissal from the Washington Conservation Corps. You have my permission to submit the information on this and any attached forms to any Washington Conservation Corps official or agency who is considering me for a position.

Signature of Applicant _____ Date Signed _____

The DNR is an equal opportunity employer. Women, racial, and ethnic minorities, persons of disability, and Vietnam-era veterans are encouraged to apply. Persons with a disability who need assistance during the screening process, or those needing this announcement in an alternative format may contact DNR's ADA Coordinator at (360) 902- 1150. DNR may be contacted using the Washington State Telecommunications Relay Service (TTY) by dialing 711.